

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005) **NAH913485**

|                                  |  |                       |         |
|----------------------------------|--|-----------------------|---------|
| Date In: <b>7/10/19-09:59</b>    | Job description                          | Date & Time Completed | Done by |
| Ref No: <b>NA/INC19017864/24</b> | SAS e-filing                             |                       |         |
| Veh No: <b>6795503</b>           | E-mail (within 5hrs, AIC 2hrs)           |                       |         |
| D.O.A : <b>7/10/19-11:30</b>     | i-Motor Claim Form                       | <b>7/10/19 10:24</b>  |         |
| OD / <b>TP</b> Reporting Only    | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                                  | i-Photo Uploaded                         |                       |         |
| TP Insurer:                      | Assessment/Survey Report                 |                       |         |
|                                  | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: **SHD36446**

INC ( ) / Non-INC ( )

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks:-

( ) Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks:- (INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time Actions

**NA1907561**

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

## Invoice Preparation Checklist

Amt (\$)

for Bill

Amt (\$)

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

Q1\*

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N-on INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

|                            |                            |
|----------------------------|----------------------------|
| Date Of Report             | 07/10/2019 09:59           |
| Date Of Accident           | 03/10/2019 11:30           |
| Exact Location Of Accident | KIM SENG RD TWDS OUTRAM RD |
| Country/State of Loss      | SINGAPORE                  |

### DETAILS OF OWN VEHICLE

|                             |                        |
|-----------------------------|------------------------|
| Vehicle Registration Number | GT9350S                |
| <b>Insured/Policyholder</b> |                        |
| Name Of Registered Owner    | HUPER HOLDINGS PTE LTD |
| Co Reg No                   | 201734782N             |
| Email Address               | NOEMAIL                |
| Mobile Phone No             | (LOCAL) +65-81041512   |
| Alternative Phone No        | OFFICE-81041512        |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | MITSUBISHI         |
| Model  | L300 P/VAN         |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING            |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                 |
| If No, Please state action to be taken                                       | THIRD PARTY        |
| Vehicle Category   | COMMERCIAL VEHICLE |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | THIRD PARTY                            |
| Fleet Policy              | NO                                     |
| Policy Number             | 5112606699                             |
| Cover Note Number         |  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | FUNG FOH SHING        |
| NRIC No              | S1725545B             |
| Date Of Birth        | 07/11/1965            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 24/03/1987            |
| Driving Experience   | 32 YEARS AND 6 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-81041512  |
| Fax Number           |                       |
| Contact Number       | OFFICE-81041512       |
| Email Address        | NOEMAIL               |

|   |   |
|---|---|
| Address   | BLK 683C JURONG WEST STREET 64<br>#10-137 |
| Postcode  | 643683                                    |
| Was driver an employee of the Insured's Company     | NO  |
| If No, Relationship of the Driver with the Insured  | OWNER                                     |
| Vehicle Registration Number of Driver's Own Vehicle | -   |
|   | -   |
|   | -   |
| Insurance Company of Driver's Own Vehicle           | -   |
|   | -   |
|   | -   |

#### General Information of the Accident

|                    |                            |
|--------------------|----------------------------|
| Type Of Accident   | COLLISION - CROSS JUNCTION |
| Weather Conditions | CLEAR                      |
| Road Surface       | DRY                        |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles (including own vehicle) involved in the accident                         | 2   |
| Was any body injured in the Accident?   | YES |
| Was any injured conveyed to hospital by ambulance?  | NO  |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 1   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY  |
| Police Station Address                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191004/7037.

#### Attachment(s)

|   |     |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera?   | NO  |
| Was there any audio recorded?                 | NO  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |              |
|-----------------------------|--------------|
| Vehicle Registration Number | SHD3644G     |
| Vehicle Make/Model/Colour   | TOYOTA PRIUS |
| Details Of Properties       |              |
| Vehicle Category            | TAXI         |
| Name of Driver              |              |
| NRIC/Passport Number        |              |
| Contact Number              |              |
| Address                     |              |
| Postcode                    |              |
| Insurance Company Name      |              |

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

|   |                |
|---|----------------|
| Name  | FUNG FOH SHING |
| Approximate Age                                     |                |
| Injuries Sustain                                    | BODY           |
| Injured person in which vehicle?                    | GT9350S        |
| Were seat belts worn?                               | YES            |
| Was this injured conveyed to hospital by ambulance? | NO             |
| Address   |                |
| Postcode  |                |



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind a policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all Insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be situated outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

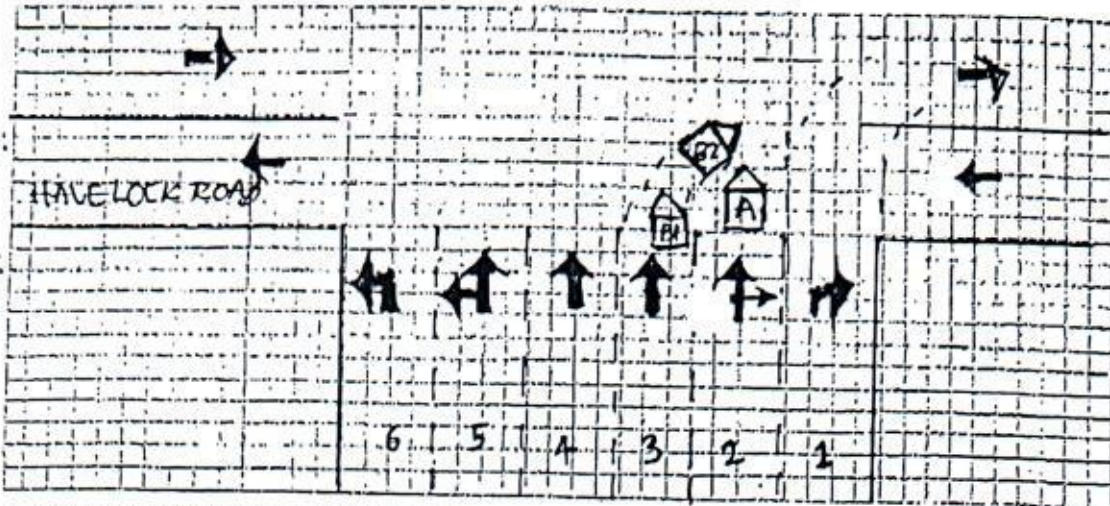
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN

Vehicle A:  
GT9350S

Vehicle B:  
SHD3644G



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON The stated Time And Date.

I was travelling my vehicle bearing carplate GT9350S along Km Seng Rd towards outram Road before Havelock Rd Junction. I was on Lane 2 Going Straight. Suddenly Vehicle B bearing carplate SHD3644G swerve abruptly onto my lane attempting to Turn Right into havelock Road And Collided onto the front and left side of my vehicle with a huge Impact I alighted and realise Vehicle B had made a right turn on a go Straight only Lane. I wish to state that traffic police and ambulance attended to the scene.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Co. Reg. No.  
201734782N  
Policyholder's Signature  
Date & Time

Driver's Signature  
(If driver is not the policyholder)  
Date & Time

Reporting Centre Person's Signature  
Name:  
NRIC/FIN No.:

Date of Accident : 3/10/2019 Accident Time: 1130 (24-HR-Format)  
 Accident Place : KIM SENG Rd towards Outram Rd  
 Vehicle Reg. No. (Car Plate No.) : GT 9350 S  
 Vehicle Make/Model : Mitsubishi Delica  
 Insurance Company : NTUC Policy No. \_\_\_\_\_  
 Owner or Company Name / IC No. : HUPER Holdings PTE LTD  
 Owner or Company Contact No. : 81041512 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : FUNG FOH Shing 51725545B  
 DRIVER'S Date Of Birth : 7/11/1965 DRIVER'S License Pass Date \_\_\_\_\_  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
 DRIVER'S Address : Blk 683C Jurong West Street 64 #10-137  
 DRIVER'S Contact No. / Alt No. : (1) \_\_\_\_\_ 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
 Email Address : Admin@mycar.sg  
 Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only Claim Other Party Claim Own Insurance  
 Number of Passengers (Including Driver): 01  
 Was there any video Captured by car camera: YES (NO)  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

|  |                               |
|--|-------------------------------|
| Vehicle Reg. No: <u>SHD 3644G</u>                      | Vehicle Reg. No: _____        |
| Vehicle Make/Model: <u>Toyota Prime Comfort DelGru</u> | Vehicle Make/Model: _____     |
| Name Driver: _____                                     | Name Driver: _____            |
| IC No. Driver: _____                                   | IC No. Driver: _____          |
| Driver's Contact & Add: _____                          | Driver's Contact & Add: _____ |





# SINGAPORE POLICE FORCE



T/20191004/7037

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20191004/7037

## REPORT OF A TRAFFIC ACCIDENT

|  |            |                                     |  |                    |                            |
|--|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>04/10/2019 21:50 |            | Vide Report No.:<br>A/20191003/0061 |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                                     |  |                    |                            |
| Name of Informant:<br>FUNG FOH SHING       |            |                                     | Address:<br>APT BLK 683C JURONG WEST STREET 64 #10-137<br>SINGAPORE 643683 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S1725545B   |            |                                     | Contact No.:<br>Home/Office: Mobile: 97205020                              |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                                     | Email:<br>admin@mycar.sg   |                    |                            |
| Sex:<br>Male                               | Age:<br>53 | Date of Birth:<br>07/11/1965        | Type of Informant:<br>Driver   |                    |                            |
| Race:<br>Chinese                           |            |                                     | Language:<br>English   |                    | Institution / School Name: |
| Occupation:<br>Van driver                  |            |                                     | Driving Licence Information:<br>Class: Date of Expiry:                     |                    |                            |

|  |                           |   |  |                                      |
|--|---------------------------|---|--|--------------------------------------|
| <b>General Information of the Accident</b>                   |                           |   |  |                                      |
| Type of Accident:  | Injury Attended by Police | Drink Drive:<br>No                          | Date/Time of Accident:<br>03/10/2019 11:30 | Type of Location:<br>X-Junction      |
| Location:<br><br>KIM SENG ROAD                               |                           |   |  |                                      |
| Weather:<br>Clear  |                           | Road Surface:<br>Dry                        |  | Road Speed Limit:<br>60 Km/h         |
| Traffic Flow:<br>One Way                                     |                           | Traffic Control:<br>Traffic Light - Working |  | Traffic Volume:<br>Moderate          |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                           |   |  | Anyone conveyed by ambulance:<br>Yes |

| <b>Details of Vehicle Involved</b> |      |      |       |       |           |                 |
|------------------------------------|------|------|-------|-------|-----------|-----------------|
| Vehicle No.                        | Type | Make | Model | Color | Condition | No of Passenger |
| GT9350S                            | Van  |      |       |       |           | 0               |
| SHD3644G                           | Car  |      |       |       |           | 0               |

|                                   |                                |
|-----------------------------------|--------------------------------|
| <b>Details of Person Involved</b> |                                |
| Any Pedestrian Involved: No       |                                |
| No. of Pedestrians Injured: NIL   | Use of Pedestrian Crossing: NA |





**SINGAPORE  
POLICE FORCE**



T/20191004/7037

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20191004/7037

**CONTINUATION OF REPORT**

|                                   |                         |  |                                   |
|-----------------------------------|-------------------------|--|-----------------------------------|
| <b>Driver</b>                     |                         |  |                                   |
| Name                              | FUNG FOH SHING          | ID No.                                 | S1725545B                         |
| Related Vehicle                   | GT9350S (Van)           | Contact No.                            | 97205020                          |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | 03/10/2019              | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | 05                      | Degree of Injury                       | Slight                            |

Brief Details.

On the stated time and date

I was travelling my vehicle bearing carplate GT9350S along Kim Seng road towards Outram road before Havelock Road junction.

I was on lane 2 going straight, suddenly vehicle bearing carplate SHD3644G swerve abruptly onto my lane attempting to TURN RIGHT into Havelock Road and collided onto the front and left side of my vehicle with a huge impact.

I alighted and realise that vehicle SHD3644G had made a right turn on a go straight only lane.

I wish to state that traffic police and ambulance attended to the scene.

I felt very pain on my waist and consult a doctor at mount Alvernia hospital and was given 5 days MC.



**SINGAPORE  
POLICE FORCE**



T/20191004/7037

3 of 3

Report No. T/20191004/7037

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
NG BEIFENG  
Contact No.: 65476415

Authentication Stamp

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
04/10/2019 21:50

Classification Of Case:



eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident

Vehicle No. (For Motor)  Certificate Number

| Select                | Policy No. | Certificate Number | Policyholder Name        | Policyholder NRIC | Product | Cover Type  | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|------------|--------------------|--------------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5112606699 |                    | HUPER HOLDINGS PTE. LTD. | 201734782N        | GCV     | Third Party | GT9350S     | GT9350S        | 14/09/2019    | 30/09/2020  |

### Policy Information

|                             |  |                             |                          |                                  |                  |
|-----------------------------|--|-----------------------------|--------------------------|----------------------------------|------------------|
| Policy No.                  | 5112606699   | Policyholder Name           | HUPER HOLDINGS PTE. LTD. | Policyholder NRIC                | 201734782N       |
| Certificate No.             |  |                             |                          |                                  |                  |
| Address                     | 5 YISHUN INDUSTRIAL STREET 1 #03-06 NORTH SPRING BIZHUB SINGAPORE 768161 |                             |                          |                                  |                  |
| Product Name                | COMMERCIAL VEHICLE INSURANCE   | Plan                        |                          | Group Policy Flag                | N                |
| Policy Issue Date           | 16/09/2019   | Effective Date              | 14/09/2019 00:00         | Expiry Date                      | 30/09/2020 23:59 |
| Excess Type                 | Per Accident   | All Claims Excess           |                          |                                  |                  |
| Third Party Excess          | 0  | Own damage Excess           | 0                        | Windscreen Excess                | 0                |
| Additional Excess           |  | OS Premium                  | 996.59                   |                                  |                  |
| Outside Singapore OD Excess |  | Outside Singapore TP Excess |                          | Young/Inexperience Driver Excess |                  |
| Agent                       | TAN INSURANCE BROKERS PTE  | Agent Tel.                  | NIL                      | GST Flag                         | Y                |
| Co-insurance Flag           | No   |                             |                          |                                  |                  |
| Open Policy Info            |  |                             |                          |                                  |                  |
| Certificate Info            |  |                             |                          |                                  |                  |

### Policyholder Mailing Address

|           |                            |                       |                            |           |                  |
|-----------|----------------------------|-----------------------|----------------------------|-----------|------------------|
| Address 1 | 5 YISHUN INDUSTRIAL STREET | Address 2             | #03-06 NORTH SPRING BIZHUB | Address 3 | SINGAPORE 768161 |
| Address 4 |                            | Address Type          | Singapore address          | Post Code | 768161           |
| Unit No.  |                            | Related Policy Number | 5112606699                 |           |                  |

Insured Object: GT9350S

### Endorsements

| Sequence                              | Date of Endorsement | Endorsement Type | Endorsement Status | Endorsement Content |
|---------------------------------------|---------------------|------------------|--------------------|---------------------|
| <div>Continue</div> <div>Cancel</div> |                     |                  |                    |                     |



## Claim Handling

The premium on this policy has not been collected.

Accident MT/1065567

|                     |   |                     |   |                      |            |
|---------------------|---|---------------------|---|----------------------|------------|
| Policy No.          | S112606699  | Vehicle No.         | GT93505   | GST Registration No. |            |
| Certificate No.     |   |                     |   |                      |            |
| Policyholder Name   | HUPER HOLDINGS PTE. LTD.                                      |                     |   | Policyholder NRIC    | 201734782N |
| Product Code        | COMMERCIAL VEHICLE INSURANCE                                  | Cover Type          | Third Party   | Loading              | 0          |
| Contact No.(Mobile) | 81041512  | Contact No.(Office) | 0   | Contact No.(Home)    | 0          |
| Email Address       |   | Special Remark      |   | eCode                | TLC        |
| KFK                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | TCA                 | <input checked="" type="radio"/> No <input type="radio"/> Yes | eCode Reason         |            |
| NCD Protection      | No  | NCD Entitlement(%)  | 0   | Private Hire         | No         |

## Accident Details

|                   |                            |                               |       |                     |                            |
|-------------------|----------------------------|-------------------------------|-------|---------------------|----------------------------|
| Report Date       | 07/10/2019 10:21           | Accident Report Within 24 hrs | Yes   | Accident Type       | Collision - Cross Junction |
| Date of Accident  | 03/10/2019                 | Time of Accident (hh:mm)      | 11:30 | Country of Accident | Singapore                  |
| Reporting Centre  |                            | Orange Force                  |       | ICM No.             |                            |
| Accident Location | KIM SENG RD TWDS OUTRAM RD |                               |       |                     |                            |

## Total Excess Applicable

|                            |              |                            |      |                    |  |
|----------------------------|--------------|----------------------------|------|--------------------|--|
| Excess Type                | Per Accident | Windscreen Excess          | 0.00 |                    |  |
| CO Standard Excess         | 0.00         | TP Standard Excess         | 0.00 |                    |  |
| YIED CO Excess             | 0.00         | YIED TP Excess             |      | Driver is Covered? |  |
| Additional Excess          |              |                            |      |                    |  |
| Total CO Excess Applicable | 0.00         | Total TP Excess Applicable |      |                    |  |

## Benefits

## GST Registered Information

|                      |   |                       |            |
|----------------------|---|-----------------------|------------|
| GST Registered       | Yes   | GST Registration Date | 31/07/2018 |
| GST Registration No. | 201734782N  | GST Status Verified   | Yes        |
| Modification History | 07/10/2019 10:23:17 System changed GST Registered from No to Yes<br>07/10/2019 10:23:17 System changed GST Registration No. from null to 201734782N<br>07/10/2019 10:23:17 System changed GST Registration Date from null to 31/07/2018 |                       |            |

## Policyholder Mailing Address

|           |                            |                       |                            |           |                  |
|-----------|----------------------------|-----------------------|----------------------------|-----------|------------------|
| Address 1 | 5 YISHUN INDUSTRIAL STREET | Address 2             | #03-06 NORTH SPRING BIZHUE | Address 3 | SINGAPORE 768161 |
| Address 4 |                            | Address Type          | Singapore address          | Post Code | 768161           |
| Unit No.  |                            | Related Policy Number | S112606699                 |           |                  |

## OI Driver Info

|   |   |                     |                       |                        |                  |
|---|---|---------------------|-----------------------|------------------------|------------------|
| Driver Name                             | Unnamed Driver  | Driver Type         | Unnamed Driver        |                        |                  |
| Unnamed driver Name                     | KUNG FOH SHONG  | Driver NRIC         | S17255458             | Driver DOB             | 07/11/1965       |
| Register Date of Driver License         | 24/03/1987  | Driver Age          | 53                    | Driving Experience     | 32               |
| Contact No.(Mobile)                     | 81041512  | Contact No.(Office) | 0                     | Contact No.(Home)      | 0                |
| Address 1                               | BLK 583C  | Address 2           | JURONG WEST STREET 64 | Address 3              | SINGAPORE 643683 |
| Address 4                               |   | Address Type        | Singapore address     | Post Code              | 643683           |
| Unit No.                                | 10-137  |                     |                       |                        |                  |
| Does he own a Singapore Registered car? | <input type="radio"/> Yes <input checked="" type="radio"/> No | Driver Vehicle No.  |                       | Driver Insurer Company |                  |

## Declaration

|                                     |      |             |   |
|-------------------------------------|------|-------------|---|
| Breathalyser or Blood Test Reading? | 0 mg | Any injury? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
|-------------------------------------|------|-------------|---|

## Modification History

Claim 001 **New**

|                                |                                  |                         |                                  |                            |                  |
|--------------------------------|----------------------------------|-------------------------|----------------------------------|----------------------------|------------------|
| Claim Type *                   | CO-MX                            | Insured Name            | HUPER HOLDINGS PTE. LTD.         | Insured NRIC               | 201734782N       |
| Contact No.(Mobile)            |                                  | Contact No.(Home)       | NIL                              | Contact No.(Office)        | +                |
| Email Address                  |                                  | O1 Vehicle Number       | GT93505                          | TP Vehicle Number          | SHD3644G         |
| Claimant Type Claimant *       | Please Select                    | Type of Benefit *       | Please Select                    |                            |                  |
| Claimant Name *                |                                  | Claimant NRIC *         |                                  |                            |                  |
| Claimant Address               |                                  |                         |                                  |                            |                  |
| Claim Description              | GT93505 / SHD3644G ON 3 Oct 2019 |                         |                                  |                            |                  |
| Preferred Workshop Contact No. |                                  | Insured Liability *     | Not at Fault                     | Name of Preferred Workshop |                  |
| Require Finalisation           | Yes                              | Preferred Repair Option | Preferred Workshop, Name unknown | GIA report                 | Received         |
| Date Registered                | 07/10/2019 10:24                 | Claim Close Date        |                                  | Date Received              | 07/10/2019 00:00 |
| Report Taken By                | Jackson                          |                         |                                  |                            |                  |

☒ Print AK letter

Save Submit

## Attachment

|                    |   |             |                  |
|--------------------|---|-------------|------------------|
| Accident No.       | MT/1065567  | Claim No.   | 001              |
| Last Doc. Received | <input checked="" type="radio"/> Yes <input type="radio"/> No | Upload Date | 07/10/2019 10:25 |

| Path *          | Category *    | Confidential | Urgency * | Description * |
|-----------------|---------------|--------------|-----------|---------------|
| Browse... Clear | Please Select | NO           | Normal    |               |
| Browse... Clear | Please Select | NO           | Normal    |               |
| Browse... Clear | Please Select | NO           | Normal    |               |
| Browse... Clear | Please Select | NO           | Normal    |               |
| Browse... Clear | Please Select | NO           | Normal    |               |

7/10/2019